

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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10/17/07
B. Carson
B. Carson
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PRINTED: 09/27/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2007
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 PLUMAS RENO, NV 89509	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This statement of deficiencies was generated as a result of two complaint investigations conducted at your facility on 8/31/07 and finalized on 9/14/07. The following complaints were investigated: Complaint #NV00015509 alleged that the facility failed to provide necessary care and services. The complaint was unsubstantiated. Complaint #NV00015655 alleged that the facility failed to notify and obtain consent prior to transferring a resident to an acute care facility and failed to assess the resident for an injury. The complaint was substantiated with deficiencies cited. (F157). The findings and conclusions of any investigation by the Health division shall not be construed as prohibiting any criminal or civil investigation, actions or any other claims for relief that may be available under applicable federal, state, or local laws.	F 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
F 157 SS=D	483.10(b)(11) NOTIFICATION OF CHANGES A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse	F 157		

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CARSON CITY, NEVADA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Ponzio

Administrator

10/8/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, and interview, it was determined that the facility failed to notify the resident's responsible party prior to transfer to an acute care facility for a non-emergency condition for 1 of 2 residents.</p> <p>Findings include:</p> <p>Resident #1: The resident was 97 years old and admitted to the facility on 8/10/07 with diagnoses including atrial fibrillation, congestive heart failure, and Alzheimer's dementia. The resident had a power of attorney for health care decisions. The resident had been on hospice prior to her admission to the facility. Review of the hospital physician's history and physical dated 8/7/07, revealed that the resident had been experiencing increased confusion.</p>	F 157	<p>F 157</p> <p>Manor Care does and will continue to make every reasonable attempt to contact the responsible party prior to transfer to the acute care hospital.</p> <ul style="list-style-type: none"> Resident #1 is no longer a resident in the facility Residents experiencing a change in condition that warrants a transfer to an acute care hospital have the potential to be affected Staff nurses have been advised and re-educated to the notification process via posted memo and staff meeting. Record review for all unplanned discharges is completed by the nurse management team. Licensed nurses have been instructed via posted memo to notify the Nurse Manager on call for all unplanned discharges in order for Nurse Manager to ensure compliance. 	<p>10/1/07</p> <p>10/1/07</p> <p>10/1/07</p> <p>10/17/07</p>	

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F 157	<p>Continued From page 2</p> <p>Record review revealed Resident #1 was transferred to an acute care facility on 8/11/07, because the resident had requested that she be transferred to the "hospital to die." In the record there was evidence that the power of attorney had provided phone numbers and requested in writing to be notified of any changes in the resident's condition. Record review revealed that no assessment had been done to determine that the resident had a clinical reason to be transferred to an acute care facility. Record review further revealed that the the ambulance service had been contacted to transfer the resident on 8/11/07 at 6:40 PM, and that the facility attempted to contact the power of attorney at 6:50 PM on 8/11/07.</p> <p>Interview of Resident Care Manager #1 on 8/31/07 at 9:00 AM, revealed that the facility failed to notify the resident's power of attorney for healthcare and obtain consent prior to transfer. She further reported that Resident #1 was transferred for a non emergency.</p>	F 157			

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